

Health Literacy and Understanding Medical Information

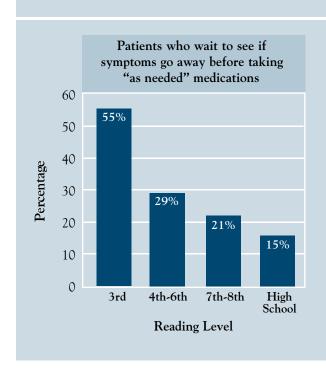
Patients with poor health literacy skills struggle to understand basic medical forms and instructions.

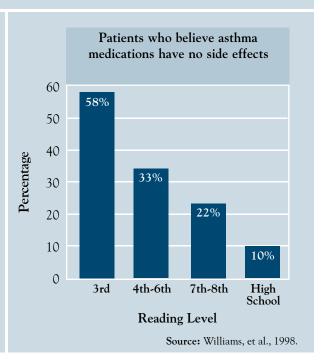
"... [W]hen they give you papers to fill out ... you want to know what it means before you sign it ... [but it's] sign this, sign that. I don't know what that means." — A patient 1

- It is especially difficult for less literate patients to fill out intake forms, enroll in insurance programs for which they may be eligible, get services once enrolled, follow medical instructions, or give informed consent.
- Most informed consent and insurance forms, and most medication package inserts, are written at high school level or higher.^{2,3}
- Of 979 emergency department patients with inadequate health literacy:4
 - 81% could not read the rights and responsibilities section of a Medicaid application.
 - 74% did not know if they were eligible for free care.

continued on back

Asthma Patients' Misunderstanding Regarding Medications⁶





Prescription labels and self-care instructions are among the most important written materials patients receive.

Poor compliance with medication and care regimens can be dangerous. Yet serious mistakes may occur because the patient cannot read the instructions.

- Among 659 public hospital patients, those with poor health literacy skills were five times more likely to misinterpret their prescriptions than those with adequate skills.⁵
- Reading skill was the strongest predictor of asthma knowledge in a study of 483 patients.
 Only 11% of those reading below a third-grade reading level could use their metered dose inhaler correctly.⁶
- HIV-positive adults with low functional health literacy missed more treatment doses than patients with high health literacy because they were confused by the instructions in a study of 182 patients.⁷

Poor health literacy has legal ramifications for health care professionals.

It is up to the health care system to be sure patients understand the information they receive well enough to apply it.

- The Food and Drug Administration, Joint Commission on Accreditation of Healthcare Organizations and the National Committee for Quality Assurance all require that health care institutions be able to document evidence of patient understanding of the medical information provided to them.⁸⁻¹¹
- But none of these can document whether a particular patient understands the one form they need at the moment. This leaves it up to the person requesting the data, the provider conducting the procedure or writing the prescription, or the practitioner providing the instructions to ask the patient what s/he understands.

References

- 1. Parikh NS, et al. "Shame and Health Literacy: The Unspoken Connection." Patient Education and Counseling, 1996; 27.
- 2. Hopper KD, et al. "The Readability of Currently Used Surgical/Procedure Consent Forms in the United States." Surgery, 1998; 123.
- Williams-Deane M and Potter LS. "Current Oral Contraceptive Use Instructions: An Analysis of Patient Package Inserts." Family Planning Perspectives, 1992; 24.
- Baker DW, et al. "The Relationship of Patient Reading Ability to Self-Reported Health and Use of Health Services." American Journal of Public Health, 1997; 87.
- Williams MV, et al. "Inadequate Functional Health Literacy among Patients at Two Public Hospitals." Journal of the American Medical Association, 1995; 274.
- 6. Williams MV, et al. "Inadequate Literacy is a Barrier to Asthma Knowledge and Self-Care." Chest, 1998; 114.
- Kalichman SC, et al. "Health Literacy and Health-Related Knowledge among Persons Living with HIV/AIDS." American Journal of Preventive Medicine, 2000; 18.
- 8. Brandes W, Furnas S, and McClellan F. Literacy, Health, and the Law: An Exploration of the Law and the Plight of Marginal Readers within the Health Care System: Advocating for Patients and Providers. Health Promotion Council of Southeastern Pennsylvania, Inc., 1996.
- 9. Farley D. Label Literacy for OTC Drugs. U.S. Food and Drug Administration, 1997.
- 10. "Patient and Family Education." Accreditation Manual for Hospitals. Joint Commission on Accreditation of Healthcare Organizations, 1996.
- 11. Review Guidelines for the Accreditation of Managed Care Organizations. National Committee for Quality Assurance, 1995.

CHCS Center for Health Care Strategies, Inc.